

<i>SERFF Tracking Number:</i>	<i>REGU-125487241</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Technology Insurance Company, Inc., ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-0310</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability Independent Forms</i>		
<i>Project Name/Number:</i>	<i>/2008-0310</i>		

Filing at a Glance

Companies: Technology Insurance Company, Inc., Wesco Insurance Company

Product Name: Commercial General Liability SERFF Tr Num: REGU-125487241 State: Arkansas

Independent Forms

TOI: 17.0 Other Liability - Claims

SERFF Status: Closed

State Tr Num: EFT \$50

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 2008-0310

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Joanne Sullivan

Disposition Date: 02/22/2008

Date Submitted: 02/14/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number: 2008-0310

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/22/2008

State Status Changed: 02/22/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Technology Insurance Company (TIC) and Wesco Insurance Company (WIC) are submitting an independent forms filing for their Commercial General Liability Program. The filing contains three General Liability forms. Forms GL990037 and GL990039 are optional and have no premium charge or rate impact. The corresponding rates and rules are not required to be filed as per your state requirements.

SERFF Tracking Number:	REGU-125487241	State:	Arkansas
First Filing Company:	Technology Insurance Company, Inc., ...	State Tracking Number:	EFT \$50
Company Tracking Number:	2008-0310		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0001 Commercial General Liability
Product Name:	Commercial General Liability Independent Forms		
Project Name/Number:	/2008-0310		

The following items are enclosed for your review:

- Required state filing forms
- Independent forms GL990024, GL990037 and GL990039

A fee in the amount of \$50.00 to cover the required filing fee is being submitted.

We ask that this filing become effective for all policies upon approval.

Company and Contact

Filing Contact Information

(This filing was made by a third party - insuranceregulatoryconsultantsllc)

Joanne Sullivan,	joannesullivan@ircllc.com
50 Broad Street	(212) 571-3989 [Phone]
New York, NY 10004	

Filing Company Information

Technology Insurance Company, Inc.	CoCode: 42376	State of Domicile: New Hampshire
55 Capital Boulevard	Group Code: 2538	Company Type: P&C
6th Floor		
Rocky Hill, CT 06067	Group Name:	State ID Number:
(212) 571-3989 ext. [Phone]	FEIN Number: 02-0449082	

Wesco Insurance Company	CoCode: 25011	State of Domicile: Delaware
55 Capital Boulevard	Group Code: 2538	Company Type:
Rocky Hill, CT 06067	Group Name:	State ID Number:
(212) 571-3989 ext. [Phone]	FEIN Number: 85-0165753	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No

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<i>Product Name:</i>	<i>Commercial General Liability Independent Forms</i>		
<i>Project Name/Number:</i>	<i>/2008-0310</i>		
Fee Explanation:	AR fee is \$50.00 per filing		
Per Company:	No		

SERFF Tracking Number: *REGU-125487241* *State:* *Arkansas*
First Filing Company: *Technology Insurance Company, Inc., ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *2008-0310*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *Commercial General Liability Independent Forms*
Project Name/Number: */2008-0310*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Technology Insurance Company, Inc.	\$50.00	02/14/2008	17978509
Wesco Insurance Company	\$0.00	02/14/2008	

SERFF Tracking Number: *REGU-125487241* *State:* *Arkansas*
First Filing Company: *Technology Insurance Company, Inc., ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *2008-0310*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *Commercial General Liability Independent Forms*
Project Name/Number: */2008-0310*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	02/22/2008	02/22/2008

SERFF Tracking Number: REGU-125487241 State: Arkansas
First Filing Company: Technology Insurance Company, Inc., ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-0310
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Commercial General Liability Independent Forms
Project Name/Number: /2008-0310

Disposition

Disposition Date: 02/22/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: REGU-125487241 State: Arkansas

First Filing Company: Technology Insurance Company, Inc., ... State Tracking Number: EFT \$50

Company Tracking Number: 2008-0310

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Commercial General Liability Independent Forms

Project Name/Number: /2008-0310

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Authorization Letters	Approved	Yes
Form	Physical Abuse Or Sexual Misconduct Liability Coverage	Approved	Yes
Form	Social Services Professional Liability Endorsement	Approved	Yes
Form	Child Care Amendatory Endorsement	Approved	Yes

SERFF Tracking Number: REGU-125487241 State: Arkansas

First Filing Company: Technology Insurance Company, Inc., ... State Tracking Number: EFT \$50

Company Tracking Number: 2008-0310

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Commercial General Liability Independent Forms

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Physical Abuse Or Sexual Misconduct Liability Coverage	GL990024	0506	Endorsement/Amendment/Conditions		0.00	GL9900240506.pdf
Approved	Social Services Professional Liability Endorsement	GL990037	0307	Endorsement/Amendment/Conditions		0.00	GL9900370307.pdf
Approved	Child Care Amendatory Endorsement	GL990039	0607	Endorsement/Amendment/Conditions		0.00	GL9900390607.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PHYSICAL ABUSE OR SEXUAL MISCONDUCT LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

Except to the extent coverage is provided by this endorsement, this insurance does not apply to any claim or "suit" which seeks damages arising out of or in any way related, in whole or in part, to actual or threatened "physical abuse" or "sexual misconduct."

Limits of Insurance

Each Act of "Physical Abuse" or "Sexual Misconduct" \$ _____

"Physical Abuse" or "Sexual Misconduct" Aggregate \$ _____

Unless modified by this endorsement, all other provisions in the policy to which it is attached remain in effect.

1. INSURING AGREEMENT

- a. We will pay those sums that the insured becomes legally obligated to pay as damages because of "bodily injury" or "personal and advertising injury" to which this insurance applies arising out of "physical abuse" or "sexual misconduct."

We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages for "bodily injury" or "personal and advertising injury" to which this insurance does not apply. We may, at our discretion, investigate any act of "physical abuse" or "sexual misconduct" and settle any claim or "suit" that may result.

The amount we will pay for damages is limited as described in 3. LIMITS OF INSURANCE below.

We will have no further obligation to pay any claim or judgment or defend any "suit" after the Limits of Insurance under this coverage form have been used up by the payment of judgments or settlements.

- b. This insurance applies to "bodily injury" or "personal and advertising injury" only:
- (1) if the "bodily injury" or "personal and advertising injury" is caused by an act of "physical abuse" or "sexual misconduct" committed in the

- "coverage territory"; and
- (2) if the first instance of "physical abuse" or "sexual misconduct" against the person is committed during the policy period; and
 - (3) so long as the "bodily injury" or "personal and advertising injury" is sustained:
 - (a) during the policy period; or
 - (b) during any subsequent period in which we, or any company affiliated with us, have issued a policy which would apply to such "bodily injury" or "personal and advertising injury" except for the provision that the first instance of "physical abuse" or "sexual misconduct" against the person be committed during that policy period.

2. WHO IS AN INSURED

SECTION II - WHO IS AN INSURED, Part 2.a. is amended as follows:

With respect to this coverage, none of the following is an insured:

Any person or organization who participated in, directed, or, after becoming aware of "physical abuse" or "sexual misconduct," failed to act in a way to prevent "physical abuse" or "sexual misconduct" and/or failed to report to the authorities, any act of "physical abuse" or "sexual misconduct."

3. LIMITS OF INSURANCE

- a. For the purpose of the application of Limits of Insurance, all acts or omissions which cause or contribute to "physical abuse" or "sexual misconduct" which is committed by the same individual, and to which this insurance applies, shall be deemed a single act which occurred at the time the first instance of such "physical abuse" or "sexual misconduct" commenced, and shall be subject to the Each Act of "Physical Abuse" or "Sexual Misconduct" limit of insurance, regardless of the number of:
 - (1) acts or omissions;
 - (2) persons injured;
 - (3) insureds responsible;
 - (4) locations involved; or,
 - (5) policy periods during which the "physical abuse" or "sexual misconduct" was committed.
- b. The Each Act of "Physical Abuse" or "Sexual Misconduct" limit of insurance shown is the most we will pay in judgments or settlements for a single act of "physical abuse" or "sexual misconduct," or both. If this policy provides a General Aggregate limit, the "Physical Abuse" or "Sexual Misconduct" Aggregate limit shall be part of and not in addition to the General Aggregate limit. The most we will pay in total judgments or settlements during any policy period is the "Physical Abuse" or "Sexual Misconduct" Aggregate limit to the extent there is coverage available in any applicable General Aggregate limit.
- c. If this coverage form and any other coverage form or policy for the same policy period issued by us or any company affiliated with us apply, the maximum applicable limits of insurance available under all coverage forms or policies shall not exceed the highest applicable limits of insurance under any one coverage form or policy. This condition does not apply to any coverage form or policy issued by us or any affiliated company specifically to apply as excess insurance over this coverage form.

4. EXCLUSIONS

SECTION I – COVERAGES Exclusion g. Aircraft, Auto or Watercraft does not apply to this coverage.

5. DEFINITIONS

With respect to the coverage provided by this endorsement, the definition of "bodily injury" includes mental anguish resulting from "physical abuse" or "sexual misconduct" of the person injured.

"Physical abuse" means actual or threatened physical maltreatment.

"Sexual misconduct" means any conduct, whether actual or threatened, of a sexual nature.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SOCIAL SERVICES PROFESSIONAL LIABILITY ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SOCIAL SERVICES PROFESSIONAL LIABILITY COVERAGE

Coverage A is extended to provide Social Services Professional Liability Coverage, subject to the following:

1. Insuring Agreement

Under Social Services Professional Liability Coverage we will pay on behalf of the insured all sums, except criminal or civil fines or penalties, which the insured shall become legally obligated to pay as damages because of a "professional incident" by:

- a. the insured; or
- b. any other person for whose acts the insured is legally liable; arising out of the performance of professional services for others during the policy period in the Named Insured's activities as a Social Service Organization.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under SUPPLEMENTARY PAYMENTS – Coverages A and B.

The professional services must take place in the "coverage territory". We will have the right and duty to defend any "suit" seeking those damages. But:

- a. The amount we will pay for damages is limited as described in SECTION III – LIMITS OF INSURANCE.
- b. We may investigate and settle any claim or "suit" at our discretion; and
- c. Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements under Coverage A.

2. Supplementary Payments

The Social Services Professional Liability Coverage is subject to the SUPPLEMENTARY PAYMENTS SECTION of the Commercial General Liability Coverage Form.

3. Exclusions

- a. The Social Services Professional Liability Coverage is subject to Exclusions a. through n. of SECTION I of the Commercial General Liability Coverage Form.
- b. In addition, Social Services Professional Liability Coverage does not apply to any claims arising out of:
 - (1) Acts, errors or omissions of the insured as owner, operator, proprietor, superintendent or executive officer of any hospital sanitarium, medical clinic, medical, x-ray or diagnostic laboratory, or to acts, errors or omissions arising out of any professional service other than those of a Social Service Organization;
 - (2) Any act, error or omission which is willfully dishonest, fraudulent or malicious, or in willful violation of any penal or criminal statute or ordinance, and is committed (or omitted) by or with the knowledge or consent of the insured;
 - (3) The inability or failure to collect or pay any monies, whether such inability or failure be on the part of the insured or otherwise;
 - (4) Discrimination or alleged discrimination on account of race, religion, sex or age;
 - (5) The violation or alleged violation of any municipal, state or federal civil rights law, regulation or ordinance;
 - (6) Any strike or other labor disturbance;

- (7) Any lockout;
- (8) Any demotion, dismissal, failure to promote or any other employment relations;
- (9) Any obligation for which the insured may be held liable under the Employment Retirement Income Security Act of 1974 (as amended) or any similar federal or state law;
- (10) The failure to effect or maintain insurance of any sort;
- (11) One insured making a claim or bringing suit against another insured;
- (12) Services performed by a physician, surgeon, dentist, attorney, accountant, architect or engineer. However, with respect to the Named Insured this exclusion does not apply to services performed by a physician, surgeon, dentist, attorney, accountant, architect or engineer, provided all of the following conditions are met:
 - (i) Your client or patient was referred by you to the physician, surgeon, dentist, attorney, accountant, architect or engineer; and
 - (ii) The physician, surgeon, dentist, attorney, accountant, architect or engineer is not your employee or volunteer; and
 - (iii) The services are performed away from your premises.
- (13) The rendering or failure to render:
 - (i) Medical, surgical, dental, X-ray, nursing or any other health service or treatment, or the related furnishing of food or beverages;
 - (ii) Any cosmetic, ear piercing, tonsorial, massage, physiotherapy, chiropractic, hearing aid, optical or optometric service or treatment;
 - (iii) Any legal advice or legal service;
 - (iv) Any service or advice relating to physical fitness, including services or advice in connection with diet, cardio-vascular fitness, body building or physical training programs; or
 - (v) Any accounting, architectural or engineering services.
- (14) The furnishing or dispensing of drugs or medical, dental or surgical supplies or appliances;
- (15) The handling or treatment of dead bodies and remains, including autopsies, organ donation or other procedures.

4. Who Is An Insured

Insofar as the coverage described in this Social Services Professional Liability Endorsement is concerned, Section II – WHO IS AN INSURED of the Commercial General Liability Coverage Form is replaced as follows:

a. If you are designated in the declarations as:

- (1) An individual, you and your spouse are insureds, but only with respect to the conduct of a business of which you are the sole owner.
- (2) A partnership or joint venture, you are an insured. Your members, your partners and their spouses are also insureds, but only with respect to the conduct of your business.
- (3) An organization other than a partnership or joint venture, you are an insured. Your executive officers and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.

b. Each of the following is also an insured:

(1) Your

- (i) Employees; and
- (ii) Volunteers;

but only for acts within their status as employees or volunteers for the Named Insured. However, none of these employees or volunteers is an insured for:

- (i) Damages arising out of providing or failing to provide professional health care services as a physician or dentist, or as a person responsible for the supervision of any of the above named professionals;

- (ii) Damages arising out of injury to you or to any of your employees or volunteers;
 - (iii) Damages to property owned, occupied by, rented or loaned to you or any of your employees or volunteers;
 - (iv) Damages arising out of providing or failing to provide professional services or advice as an attorney, accountant, architect, engineer or as a person responsible for the supervision of any of the above named professionals.
- (2) Any organization you newly acquire or form, other than a partnership or joint venture, and over which you maintain ownership or majority interest, will be deemed to be a Named Insured if there is no other similar insurance available to that organization. However:
- (i) Coverage under this provision is afforded only until the 90th day after you acquire or form the organization or the end of the policy period, whichever is earlier; and
 - (ii) Social Services Professional Liability Coverage does not apply to professional services that occurred before you acquired or formed the organization.

No person or organization is an insured with respect to the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.

5. Limits of Insurance

The Social Services Professional Liability Coverage is included as part of Coverage A in SECTION III – LIMITS OF INSURANCE of the Commercial General Liability Coverage Form.

In addition, it is agreed that:

- a. All Social Services Professional Liability Coverage claims will be combined with all other claims subject to the GENERAL AGGREGATE LIMIT and the combination will be subject to the GENERAL AGGREGATE LIMIT.
- b. For purposes of the application of LIMITS OF INSURANCE all Social Services Professional Liability Coverage claims arising from continuous or repeated exposure to substantially the same general harmful conditions, treatments, acts, errors or omissions shall be considered to be one occurrence.

6. Conditions

The Social Services Professional Liability Coverage is subject to SECTION IV – COMMERCIAL LIABILITY CONDITIONS of the General Liability Coverage Form.

In addition, it is agreed that:

- a. Under Section IV paragraph 2. "Duties in Event of Occurrence, Claim or Suit" an incident which may result in a Social Services Professional Liability Coverage claim will be subject to the same requirements as an "occurrence."
- b. Under Section IV paragraph 4. "Other Insurance," subsection b. "Excess Insurance" has the following added to the first paragraph:
 - (e) That is Professional Liability insurance covering a loss arising out of professional social services performed by you or any other person or entity qualifying as an insured under this policy.

The Social Services Professional Liability Coverage is subject to Section V – DEFINITIONS of the Commercial General Liability Coverage Form.

7. Definitions

"Professional incident" means a negligent act, error, or omission arising from those professional social services provided by the insured in connection with Head Start Programs or similar early childhood development programs. Any such negligent act, error or omission together with all related act, errors or omissions in the rendering of professional social services to any one person shall be considered to have occurred on the date on which the earliest of such acts, errors or omissions commenced.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CHILD CARE AMENDATORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

- A. For the purposes of coverage provided by this endorsement, the definition of “occurrence” in Section V—**Definitions** is replaced by the following:

13. Occurrence means:

- a. an accident, including continuous or repeated exposure to substantially the same general harmful conditions; or
- b. any negligent act, error or omission in the rendering of or failure to render services as a child care provider.

- B. Section II—WHO IS AN INSURED is amended to include as an insured any of the following but only with respect to their duties related to the conduct of your organization in connection with the positions described below:

1. Any of your trustees or members of your Board of Governors if you are a private charitable or educational institution.
2. Any student teachers teaching as a part of their educational requirements.

- C. With respect to the transportation of students, Exclusion g. of **Paragraph 2., Exclusions of Section I—Coverage A—Bodily Injury and Property Damage Liability** is replaced by the following:

This insurance does not apply to:

- g. “Bodily injury” or “property damage” arising out of the ownership, maintenance, operation, use, “loading or unloading” or entrustment to others of any aircraft, “auto” or watercraft that is owned, operated or hired, rented or loaned by an insured. The word hired includes any contracted transportation of your students to and from school. .

This exclusion applies even if the claims against the insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the “occurrence” which caused the “bodily injury” or “property damage” involved the ownership, maintenance, use or entrustment to others of any aircraft, “auto” or watercraft that is owned, operated or hired by any insured.

- D. The following exclusions are added to **Section I—Coverage A—Bodily Injury and Property Damage Liability**

This insurance does not apply to:

1. “Bodily injury” or “property damage” arising, directly or indirectly out of
 - a. the rendering of or failure to render medical care;

- b. the administering or failure to administer medication or drugs to a minor child unless such medication has been directed by a physician and prior written consent has been provided by the minor child's parent or guardian.
- 2. "Bodily injury" or "property damage" arising directly or indirectly out of any criminal, fraudulent or dishonest act, error or omission by the insured as a child care provider.

<i>SERFF Tracking Number:</i>	<i>REGU-125487241</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>2008-0310</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability Independent Forms</i>		
<i>Project Name/Number:</i>	<i>/2008-0310</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: REGU-125487241 State: Arkansas
First Filing Company: Technology Insurance Company, Inc., ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-0310
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Commercial General Liability Independent Forms
Project Name/Number: /2008-0310

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	02/22/2008
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Comments:

Attachment:

AR GL NAIC.pdf

Satisfied -Name:	Authorization Letters	Review Status:	Approved	02/22/2008
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Comments:

Attachments:

Auth Letter GL F TIC.pdf

Auth Letter GL F WIC.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					


3. Group Name	Group NAIC #
AmTrust Group	2538

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Technology Insurance Company	NH	42376	02-0449082	
Wesco Insurance Company	DE	25011	85-0165753	

5. Company Tracking Number	2008-0310
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Joanne Sullivan Insurance Regulatory Consultants 50 Broad Street, Suite 501 New York, NY 10004	Analyst	(212) 571-3989	(212) 571-2502	joannesullivan@ircllc.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Joanne Sullivan

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0 Other Liability - Claims Made/Occurrence
10. Sub-Type of Insurance (Sub-TOI)	17.0001 Commercial General Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	General Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: Upon Approval Renewal: N/A-NEW
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	12/14/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2008-0310
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Technology Insurance Company (TIC) and Wesco Insurance Company (WIC) are submitting an independent forms filing for their Commercial General Liability Program. The filing contains three General Liability forms. Forms GL990037 and GL990039 are optional and have no premium charge or rate impact. The corresponding rates and rules are not required to be filed as per your state requirements.

The following items are enclosed for your review:

- Required state filing forms
- Independent forms GL990024, GL990037 and GL990039

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT
Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	2008-0310			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	2008-0311 (As retained in Company Files)			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Physical Abuse Or Sexual Misconduct Liability Coverage	GL990024 Ed 0506	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
	Social Services Professional Liability Endorsement	GL990037 0307	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
	Child Care Amendatory Endorsement	GL990039 Ed 0607	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



Technology Insurance Company
An AmTrust Financial Company

LETTER OF FILING AUTHORIZATION

This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of **Technology Insurance Company, Inc.** This authorization extends to all correspondence regarding this filing.

Christopher Zentner
Name

2/13/08
Date

Vice President, Compliance
Title

Technology Insurance Company, Inc.
Company


Signature

646-458-7922
Telephone #

Re: **Technology Insurance Company, Inc. NAIC #: 2538-42376**
Commercial General Liability Independent Forms



Wesco Insurance Company

An AmTrust Financial Company

LETTER OF FILING AUTHORIZATION

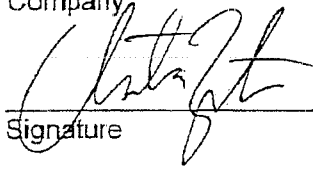
This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of **Wesco Insurance Company**. This authorization extends to all correspondence regarding this filing.

Christopher Zentner
Name

2/13/08
Date

Vice President, Compliance
Title

Wesco Insurance Company
Company


Signature

646-458-7922
Telephone #

Re: **Wesco Insurance Company, Inc. NAIC #: 2538-25011**
Commercial General Liability Independent Forms